

Entered - 7-23-01- sb
CL - 01L0477 ALEXIS HOLMES

01- R-1615

CLAIM OF: **PAMELA FITZGERALD AND
DELONZA FITZGERALD**
336 Weddington Road
Hiram, Georgia 30141

For vehicular damages alleged to have been sustained as a result of a
vehicle stop on June 25, 2001 at Interstate 285 South at Benjamin E.
Mays Drive.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY Robert C. DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0477

Date: 9/21/01

Claimant /Victim PAMELA FITZGERALD AND DELONZA FITZGERALD

BY: (Atty)(Ins.) _____

Address: 336 Weddington Road Hiram, Georgia 30141

Subrogation: _____ Claim for Property damage \$ 838.04 Bodily Injury \$ _____

Date of Notice: 9/9/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 6/25/01 Place: Interstate 285 South at Benjamin E. Mays Drive

Department Police Division: FOD

Employee involved: Officers C.K. Mathis and R.O. Hubbard Disciplinary Action: Non Sustained

NATURE OF CLAIM: The claimants allege that claimant driver sustained vehicular damages after he was stopped by City enforcement officers for exceeding the speed limit. In an investigation by the Office of Professional Standards the officers were not found in violation of City policies and/or procedures. Furthermore, the City is immune from liability as set forth under O.C.G.A. § 36-33-1 and § 36-33-3.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver X

Citation disposition: City Driver _____ Claimant Driver Guilty

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-25-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

CLAIM FOR DAMAGES

JUL 09 2001

Today's Date:

July 3, 2001

MUNICIPAL CLERK

Dear Municipal Clerk:

ENTERED - 7-23-01 - SB
01L0477 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 838.04 property and/or \$ 0.00 bodily injury for which I contend the City is liable.

1. Date of incident: June 25, 2001 2. Time of Incident: 6:20 p.m. 3. Police called: Yes ☒ No ☐
(month/day/year)
4. Location of incident (including street address): Interstate 285 Southbound.
5. Name of your insurance company: FARM BUREAU Policy No. APV 1427905
6. State what and how incident occurred: Delonza Fitzgerald was stopped for a traffic violation, on the above date, by officers C.K. Mathis + R. Hubbard, which aggressively, armed rushed towards my vehicle + proceeded to beat on and damage the left quarter panel on the driver's side.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Aurora/Oldsmobile 2001 796XWV Pamela Fitzgerald
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Delonza Fitzgerald 336 Weddington Rd. Hiram, GA (770) 333-1777
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Pamela Fitzgerald
(Print Claimant's Name)

336 Weddington Road
(Address)

Hiram, GA 30141
(City, State and Zip Code)

4456-1885
(Work Number)

4766-5423
(Home Number)

01-R-1615